

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN 12 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000098564

## 1. Corporation Name

NATIONAL BUSINESS INVESTORS, INC.

## 2. Principal Office Address

500 S. AUSTRALIAN AVE.

Suite, Apt. #, etc.

STE. 700

City &amp; State

WEST PALM BEACH, FL

Zip

33401

Country

USA

## 3. Mailing Office Address

500 S. AUSTRALIAN AVE.

Suite, Apt. #, etc.

STE. 700

City &amp; State

WEST PALM BEACH, FL

Zip

33401

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

6/28/04

## 5. FEI Number

20-2576711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable)

11380 PROSPERITY FARMS ROAD #

Suite, Apt. #, Etc.

#221E

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

## 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Elena S Davila, Asst. Secretary

Date 12-27-05

REGISTERED AGENT MUST SIGN

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RAMON PAGAN	500 S. AUSTRALIAN AVE. STE 700	WEST PALM BEACH, FL 33401

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon Pagan

12/27/05

Date

(561) 514-0207

Daytime Phone #

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NATIONAL BUSINESS INVESTORS, INC.  
500 SOUTH AUSTRALIAN AVENUE  
SUITE 700  
WEST PALM BEACH, FL 33401

January 10, 2006

VIA FIRST CLASS MAIL

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement for National Business Investors, Inc.  
Document #P04000098564

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00, which represents payment for our Annual Report Fee and Corporate Supplemental Fee. Our office has moved from Falls Church, Virginia to our current location in West Palm Beach, Florida and we have not received an annual report fee notice. The enclosed Corporate Reinstatement form reflects our correct address as well as our Federal Employer Identification Number.

Please feel free to contact our office with any questions or concerns.

Very truly,

  
Ramon Pagan  
President

RP/yo

Encl.